## N13000010465

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## TRANSMITTAL LETTER

SUBJECT: LESTERN COPILIEUNITIES TENNIS ASSOC (Name of Corporation)
DOCUMENT NUMBER: N/3000010465
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH ELM (Name of Person)
(Name of Firm/Company)
10489 PELICANDIZ. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSEPH (Summer of Person) at (954) Z32-74Z0 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

> Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314